

CONTRACTOR SAFETY PLAN GUIDELINES

- REQUIREMENTS – OUTLINE (1 page)
- INSTRUCTIONS (2 pages)
- DEFICIENCY REPORT (2 pages)

**Maricopa County Department of Transportation
SAFETY PLAN (Outline Requirements)**

Project: _____

1. Contractor Safety Officer Assigned to Project:

Name: _____
Address: _____

Phone: _____

2. Contractor Corporate Safety Director:

Name: _____
Address: _____

Phone: _____

3. Contractor Corporate Safety Philosophy pertaining to project:

4. Contractor Accident Prevention Program:

5. Contractor Safety Training and Education Program:

6. Contractor Medical/First Aid Services Program:

7. Contractor Fire Prevention/Protection Program:

8. Contractor Personal Protective Equipment Program

9. Contractor Personal Health/Hygiene Program:

10. Contractor Hazard Communication Program:

11. Contractor Accident Reporting of Recordable Injuries/Fatalities

12. Contractor OSHA Inspections Record:

SAFETY PLAN INSTRUCTIONS

- Item No. 1:** Safety Officer Assigned: Fill in appropriate blanks as indicated. A resume of the safety officer assigned to the project should accompany the completed plan. Resume should indicate safety officer's experience in construction safety pertaining to requirements of this project.
- Item No. 2:** Corporate Safety Director: Fill in the appropriate information as indicated.
- Item No. 3:** Corporate Safety Philosophy: State the corporate safety philosophy pertaining to project.
- Item No. 4:** Accident Prevention Program: Provide a copy of the company Accident Prevention Manual, Employee Safety Handbook and method of documenting employees received and read same. Describe safety-monitoring methods, procedure for prohibiting use of machinery, tools, material or equipment that is not in compliance with OSHA standards. Provide method of verifying qualified equipment/machinery operators. Describe or submit a copy of Hazardous Materials Handling program. (This program should outline methods and procedures for handling response to hazardous materials spills during refueling process or other circumstances). Submit a copy of the Hazard Communication Program, Confined Space Program, Excavation, Trenching & Shoring Program, Control of Hazardous Energy (Lockout/Tagout) Program, etc as required by the project.
- Item No. 5:** Safety Training and Education Program: Describe method(s) employees will be instructed in the recognition of hazards, avoidance of unsafe conditions compliance with OSHA safety standards. Describe the document procedures of training and education program.
- Item No. 6:** Medical /First Aid Services: Submit a "Emergency Action Plan" stating First Aid services and provisions for providing medical care to employees. List telephone numbers for medical services to be utilized. List person(s) who have a valid certificate if First Aid training fro the US Bureau of Mines. American Red Cross or equivalent training that can be verified by documentary evidence. State method of communicating contest of "Emergency Action Plan" to employees, where "Plan" will be located for employee reference in time of emergency. Where will medical supplies be located on project and contents of medical kits.
- Item No. 7:** Fire Prevention/Protection Program: Describe fire prevention and protection program to be utilized throughout all phases of construction, repair, alteration, or demolition work.

- Item No. 8:** Personal Protective Equipment Program: Describe the Personal Protective Equipment (PPE) program that is required by contractor of it's employees and subcontractors' employees in general application and any personal protection items that are unique to the project. Explain method contractor will use to monitor employee owned equipment to assure its adequacy, including proper maintenance and sanitation.
- Item No. 9:** Contractor Personal Health/Hygiene Program: Provide information as to health and sanitation to be provided for employees of contractor and subcontractors. This applies to potable water/non-potable water, toilets, sewerd/non-sewerd and sanitation methods.
- Item No. 10:** Hazard Communication (Employee Right-to-Know) Program: Provide a copy of the HAZCOM program along with copies of Material Safety Data Sheets (MSDS) for hazardous products used for project.
- Item No. 11:** Accident Reporting of Recordable Injuries and Fatalities: Explain methods of reporting recordable workplace injuries/fatalities of contractor and subcontractor employees. Notify the County Project Manager of any serious injury or fatality immediately.
- Item No. 12:** OSHA Inspection Record: Describe policy of handling OSHA inspections on the project. The County Project Manager and the Regional Development Safety Consultant shall be notified, immediately that an OSHA Compliance Officer is on the project. Information as to the outcome of any such inspection shall be passed on to the County Project Manager and County Safety Consultant in a timely manner.

Should there be any questions concerning information required, contact the Maricopa County Occupational Safety & Health Division, Regional Development Safety Consultant at (602) 506-8637.

**Maricopa County Department of Transportation
Risk Management Occupational Safety & Health Division
2901 W. Durango Street, Phoenix, AZ 85009**

SAFETY PLAN DEFICIENCY REPORT

Contractor:_____ **Project:**_____

According to our records the Safety Plan that was submitted for Job: _____
was found to be deficient in the following areas as indicated by an (X).

EXPLANATION OF DEFICIENCY

- Item No. 1:** _____ Safety Officer assigned
_____ Resume
_____ Telephone/Address
- Item No. 2:** _____ Corporate Safety Director
_____ Telephone/Address
- Item No. 3:** _____ State corporate safety policy pertaining to project
- Item No. 4:** _____ Copy of Accident Prevention Manual
_____ Copy of Employees Safety Handbook
_____ Documentation method that employees have read material
_____ Description of Safety Monitoring Methods
_____ Procedure for prohibiting use of non-compliant machinery, tools,
materials or equipment.
_____ Provide method of verifying qualified equipment/machinery
operators.
_____ Describe Program for methods and procedures for handling
hazardous materials should spill occur.
_____ Submit a copy of Confined Space Program.
_____ Submit a copy of the Control of Hazardous Energy (LO/TO)
Program.
_____ Submit a copy of the Excavation, Trenching and Shoring
Program.
- Item No. 5:** _____ Describe method(s) employees will be instructed in recognition
of workplace hazards, avoidance of unsafe conditions and
documentation of same.

- Item No. 6:** _____ Submit a copy of the Emergency Action Plan
_____ Provide a list of First Aid services and provisions for providing emergency medical care for on the job injuries.
_____ List person(s) who have valid certification in First Aid.
_____ Provide method of communicating context of Emergency Action Plan to employees.
_____ State location of medical supplies and contents of medical kits.
- Item No. 7:** _____ Describe Fire Protection/Prevention Program to be utilized.
- Item No. 8:** _____ Describe Personal Protective Equipment Program that is required by contractor of its' employees in general application and any personal protection item that is unique to this project.
_____ Explain method contractor will use to certify employee owned equipment.
- Item No. 9:** _____ Provide information as to Health and Sanitation program to be provided for employees of contractor/subcontractor; this applies to potable water, toilets, sewerer/non-sewered and sanitation methods of same.
- Item No. 10:** _____ Provide copy of Hazard Communication (Employee Right-to-Know) Program.
- Item No. 11:** _____ Explain methods of reporting recordable injuries, fatalities of contractor/ Subcontractor personnel to County Project Manager and County Safety Consultant.
- Item No. 12:** _____ Describe method of handling OSHA inspections on the project.
_____ Describe methods of communication to MCDOT should an OSHA Compliance Officer visit our project and how results of visit will be relayed to County Project Manager and County Safety Consultant.